

Case Number:	CM15-0016463		
Date Assigned:	02/04/2015	Date of Injury:	11/08/2002
Decision Date:	04/17/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old female, who sustained an industrial injury on 11/8/2002. The diagnoses have included bilateral lumbar facet joint pain at L4-5, L5-S1, lumbar facet joint arthropathy, lumbar sprain/strain and left knee internal derangement. Treatment to date has included multiple knee surgeries and pain medications. According to the progress report dated 12/17/2014, the injured worker complained of bilateral low back pain, left knee pain and thoracic back pain. She reported pain as 8/10 on the visual analog scale. Exacerbating factors included sitting, standing, lifting and twisting. Mitigating factors were pain medications. Physical exam revealed tenderness to palpation of the lumbar paraspinal muscles overlying the bilateral L4-L5 and L5-S1 facet joints. Bilateral lower extremity range of motion was restricted by pain. Lumbar range of motion was restricted by pain. A urine drug screen from 8/29/2014 was inconsistent. Recommendations were to fill the authorized prescription for Ultram and agreement with left knee surgery. On 12/30/2014, Utilization Review (UR) non-certified a request for an Unknown Prescription for Ultram and Left Knee Surgery. The Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ultram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (tramadol), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should only be continued if there is functional improvement. It also states chronic use of opioids can lead to dependence and addiction. According to the patient's medical records it does not state the patient has functional improvement with Ultram usage. Therefore, the request is not medically necessary.

Left Knee surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345.

Decision rationale: According to guidelines, it states that Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. According to the medical records, there is no indication as to why surgery is beneficial now since the patient has had multiple surgeries in the past. Therefore, the request is not medically necessary.